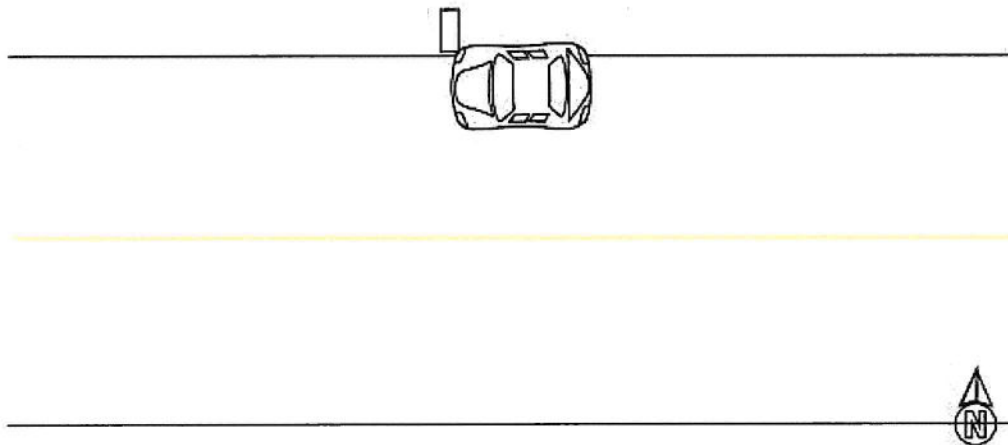


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/22/2026	Time of Crash 1734 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet NSEW of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet NSEW of							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-98-AC							
License # St DOB/Age			Reg # 6AVB87 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006 Veh Make Jeep Veh Config. 1 21							
Operator DESHOMMES, MILLIADEUR			Owner DESHOMMES, MILLIADEUR							
Address 6 COLUMBIA RD FL APT 1			Address 6 COLUMBIA RD FL APT 1							
City TEWKSBURY State MA Zip 01876-3002			City TEWKSBURY State MA Zip 01876-3002							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: NSEW Responding to Emergency? 2			Event Sequence 31 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 31 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22							
Vehicle Travel Direction: NSEW Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

On Sunday March 22, 2026, I, Officer Parsons #236, responded to the area of 160 Salem St. for report of a mailbox that was struck by a vehicle. By the time of my arrival, the homeowner was already fixing the mailbox. The homeowner explained that their mailbox gets hit "all the time" and that it is only attached using bungee cords. The homeowner was not interested in obtaining the driver's information, and other than the mailbox being knocked off its stand, there was no other damage. The vehicle which hit the mailbox came back to 6 Columbia Rd. in Tewksbury. I met TPD there and spoke with the operator of MV1. He explained that he had felt his car hit the curb, but was not aware that he had struck the mailbox. MV1 had no damage to it, and the operator was not injured.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CHASE REBECCA B	160 SALEM ST WILMINGTON MA 01887			MAILBOX

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Dale H Parsons

236

Wilmington Police Department

03/22/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

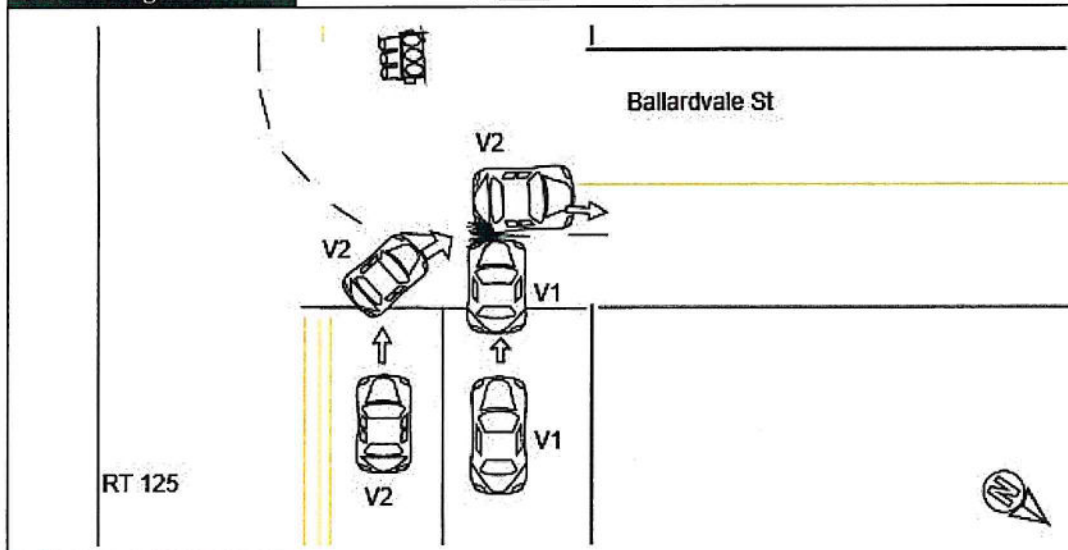
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/24/2026	Time of Crash 0616 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction ROUTE 125 HWY Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction BALLARDVALE ST Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of . or Exit Number						8 11	
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-99-AC							
License S: DOB/Age: Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 1YNJ43 Reg Type PC Reg State MA						1 12	
Operator PALUMBO, MELISSA ANN Last First Middle			Veh Year 2017 Veh Make Jeep Veh Config. 2 21							
Address 53 DENWORTH BELL CIR			Owner PALUMBO, MELISSA ANN Last First Middle							
City HAVERHILL State MA Zip 01835-8614			Address 53 DENWORTH BELL CIR							
City HAVERHILL State MA Zip 01835-8614			City HAVERHILL State MA Zip 01835-8614							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22						Damaged Area Code: 8 27 27 27	
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23						Test Status: 1 28	
Citation # (If Issued)			Most Harmful Event 1 24						Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25						BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Please fill out for operator and all occupants involved			Towed from scene? 2 33						1 13	
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 6BYA92 Reg Type PC Reg State MA							
License S: DOB/Age: Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013 Veh Make HONDA Veh Config. 1 21							
Operator HENRIQUEZ, JOSIAS VEANNEY Last First Middle			Owner HENRIQUEZ, JOSIAS VEANNEY Last First Middle							
Address 19 S KIMBALL ST			Address 19 S KIMBALL ST							
City HAVERHILL State MA Zip 01835-7519			City HAVERHILL State MA Zip 01835-7519							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 3 22						Damaged Area Code: 4 27 27 27	
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23						Test Status: 1 28	
Citation # (If Issued)			Most Harmful Event 1 24						Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 6 25 25						BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26						Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Please fill out for operator and all occupants involved			Towed from scene? 2 33						1 14	
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1 1 4 0 0 10 1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

V1 and V2 were both stopped at a red light at the intersection of RT-125 and Ballardvale St. V1 was in the right lane, and V2 was in the left lane. While making a right turn onto Ballardvale St, V2 was struck by V1 in the back right. V1 operator stated that V2 turned right in front of them from the left lane. The V2 operator stated they did not see anyone in the right lane when they turned from the left lane onto Ballardvale St. Both operators declined medical attention and were able to drive away from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/24/2026

Date

Wilmington Police Department
Images Associated with 26-99-AC

